



# बिहार गजट

## असाधारण अंक

### बिहार सरकार द्वारा प्रकाशित

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26 माघ 1943 (श10)  
(सं0 पटना 71) पटना, मंगलवार, 15 फरवरी 2022

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परिवहन विभाग

अधिसूचना

7 फरवरी 2022

सं० 06/इन्श्योरेन्स (वि०)-20/2018- —परिवहन विभाग, बिहार, पटना की अधिसूचना सं०-4887 दिनांक-11.08.2021 का निम्नलिखित अंग्रेजी अनुवाद बिहार राज्यपाल के प्राधिकार से एतद् द्वारा प्रकाशित किया जाता है, जो भारतीय संविधान के अनुच्छेद-348 के खंड (3) के अधीन उक्त नियमावली का अंग्रेजी भाषा में प्राधिकृत पाठ समझा जाएगा।

बिहार-राज्यपाल के आदेश से,  
संजय कुमार अग्रवाल,  
सचिव।

The 11<sup>th</sup> August 2021

#### Bihar Motor Vehicle (Amendment-1) Rules, 2021

No. 06/Insurance (Dept.)-20/2018-4887—In Compliance of the judgment passed by the Hon. Supreme Court of India in Civil Appeal Case No.-9936 and 9937/2016, Usha Devi & others Vs Union of India, through Act No-32/2019, in the Motor Vehicle Act, 1988, for the purpose of speedy disposal of compensation claims arising out of vehicular accidents, in light of the provisions contained in the Act, under the Bihar Motor Vehicle Rules, 1992, related with Claim Tribunals, need to be amended at the earliest in exercise of the powers vested in the State Government, vide Sections 165,176 and 211 of the Act, the proposed amended draft in the Motor Vehicles Rule, 1992 as mandated under Section-212 of the Motor Vehicle Act, 1988, for information to the affected persons and for seeking objections and suggestions, was published on the Departmental website-www.transport.bih.nic.in for thirty days from the date of the publication of the draft.

In this regard, the Governor of Bihar makes the following rules after due consideration by the State Government on the objections and suggestions received till the above-fixed date: -

1. Short title, date of commencement and extent: -
    - (a) These Rule may be called as Bihar Motor Vehicle (Ammendent-1) Rules, 2021
    - (b) It shall come into force from the date of 15-09-2021.
    - (c) It shall be applicable in the whole of the State of Bihar.
  2. In Chapter-X of Bihar Motor Vehicle Rules, 1992, the title 'Dava Adhikaran' is being substituted as 'Dava Nyayadhikaran'.
  3. Within Chapter-X of Bihar Motor Vehicle Rules, 1992, prior to the present Rule-226, the following Rules-225A, 225B, 225C, 225D, 225E & 225F are being instituted serially: -
- 225A:-**Under the Motor Vehicle Act, 1988, the disposal of the compensation cases arising out of vehicular accidents, the Claim Tribunal will dispose claims cases according to amended rules (225A to 225F) of this chapter.
- 225B:-**Prescribed authority, fund and procedure for payment of interim compensation to grievously hurt person or dependents of the dead person due to motor vehicle accident.
- (1) **Prescribed Authority for payment of Interim Compensation: -**  
According to this Rule, in case of death of a person due to vehicular accident, for the purpose of payment of immediate interim compensation to the dependent of dead or a person who has been grievously hurt, all the Sub-divisional Officers in the State shall be 'Accidental Claims Inquiry Officer' and all the District Magistrates shall be 'Accidental Claims Assessment Officer'.
  - (2) **Bihar Vehicle Accident Assistance Fund: -**
    - (a) In case of death of a person due to vehicular accident, for the purpose of payment of immediate interim compensation to the dependent of dead or a person who has been grievously hurt, an amount of Rs. 50 crores shall be made in the form of Budgetary allocation for immediate payment from the 'Bihar Vehicle Accident Assistance Fund'. In light of expenditure from this fund, the Bihar Road Safety Council shall make available additional amount from time to time and procedure will be fixed for the deposits in the form of reimbursement from the concerned insurance company or vehicle owner, with regard to the expenditure made in the form of payment of the interim compensation amount
    - (b) Lead Agency, constituted under Bihar Road Safety Council shall make available allocations from the 'Bihar Vehicle Accident Assistance Fund' to the District Magistrates. This fund shall be used in the form of Revolving Fund for immediate payment of interim compensation amount to the victims of Motor Vehicle Accident. In addition to this, needful action shall be taken to ensure reimbursement from insurance company or vehicle owner within the fixed time.
    - (c) Secretary, District Road Safety Committee cum District Transport Officer shall take needful action for payment to actual beneficiaries from this fund and maintain records of this separately.
    - (d) The detailed process of creation of 'Bihar Vehicle Accident Assistance Fund', budgetary provision, process of allocation and reimbursement shall be fixed by the Transport Department.
  - (3) **Process of Interim Compensation Payment: -**
    - (a) The District Transport Officer after obtaining relevant information and report from the concerned Officer In-charge of the Police Station, the Medical Officer In-charge of the local Primary Health Center/the Sub-Divisional Hospital/In-charge of Sadar Hospital/ Chief Medical Officer and the Office of the Motor Vehicle Inspector, on confirmation of death or being grievously hurt due to a vehicle accident, will send a

- report to the Accident Claims Inquiry Officer-cum-Sub-Divisional Officer for payment of interim compensation, in light of the notification number 2022 (A) dated 22.05.2018 of the Ministry of Road Transport and Highways under the Motor Vehicles Act, 1988.
- (b) The following documents shall be required by the Accident Claims Inquiry Officer, in addition to the application in the prescribed Form C-1 in the case of the deceased and in the prescribed Form C-2 in the case of injured, for payment of interim compensation from the applicant/claimant: -
    - (i) Accident investigation report by Officer In-charge of Police station (Accident Investigation Officer) (within one week in form C-4 part-II).
    - (ii) Postmortem report in case of death due to vehicle accident or medical report in case of grievous hurt by the In-charge/Chief Medical Officer.
    - (iii) Inquiry report from Motor Vehicle Inspector in form C-4 Part-I relating to the accidental vehicle.
  - (c) It will not be necessary for the dependent of the deceased or grievously hurt person to prove that the death or grievous injury in the accident had taken place due to carelessness, neglect or latches of the vehicle owner, vehicle concerned or any other person.
  - (d) The Accident Claim Inquiry Officer-cum-Sub-Divisional Officer shall make recommendation to the Accidental Claim Assessment Officer cum-District Magistrate for immediate payment of interim compensation of Rs.5 Lakh (five lakhs) to the dependent of the deceased person and Rs. 50,000(fifty thousand) to the grievously hurt.
  - (e) In light of the recommendation of Accident Claim Inquiry Officer-cum-Sub-Divisional Officer, the Accidental Claim Assessment officer-cum-District Magistrate or an officer authorized by him, shall accord sanction/approval of the interim compensation payment from the 'Bihar Vehicle Accident Assistance Fund'. Thereafter, the District Transport Officer-cum-Secretary, District Road Safety Committee shall make payment to the concerned person, in accordance with the prescribed procedures upon proper identification and acknowledgement of the receipt.

**225C: -Dependents for receipt of Interim Compensation: -**Under the provisions contained in the rules, the dependent of the deceased refers to; husband/wife of the married deceased. In case of the death of the married person, in the absence of the husband/wife, in the case of no child, the mother/father. In case of the death of an unmarried person, his/hermother/father and if the mother/father of the unmarried deceasedare not alive, then sister and brother will be equally entitled. In both the cases, for the married and the unmarried victim, payment will be made to the minor claimant through the legal guardian.

**225D: - Reimbursement of paid Interim Compensation: -**

- (a) For the adjustment of the interim compensation amount paid to claimants from Bihar Vehicle Accident Assistance Fund, the amount paid as Third-Party Insurance Claims by the concerned insurance company for the insured vehicles, shall be deposited in the bank account of the concerned district of the Bihar Vehicle Accident Assistance Fund within the fixed period. In case of non-payment of the payable amount by insurance company within specified time, the Accident Claims Inquiry Officer can take effective steps for the recovery of the amount under the Bihar Public Demand Recovery Act.
- (b) In case of uninsured vehicles, on the day of accident, the vehicle owner shall deposit the amount in the bank account of the concerned district of the Bihar Vehicle

Accident Assistance Fund within the fixed period for the adjustment of the interim payment of the compensation amount.

In case of refusal or apathy by the vehicle owner, the adjustment of the interim payment of the compensation amount shall be done from the amount received from the auction of the seized vehicle. If the amount received from the auction of the said vehicle is less than the interim compensation amount paid to the accident victims, then the remaining amount will be considered as immediately spent from the Bihar Vehicle Accident Assistance Fund and needful action shall be taken by the Accident Claim Inquiry Officer for recovery of the said amount from the vehicle owner.

**225E- Claim Tribunal, Application and Process of Claim Disposal: -**

**1. Claim Tribunal: -**

- (a) One State Level Claim Tribunal shall be constituted for the entire State of Bihar U/S 165 of the Motor Vehicle Act, 1988, for fixation of immediate compensation amount in case of death, grievous hurt or damage to property arising from the motor vehicle accident.
- (b) The State Transport Appellate Tribunal working under the control of the Transport Department, constituted U/S-89 (2) of the Motor Vehicle Act, 1988, shall be the competent Tribunal for this purpose with immediate effect, in addition to its original work but the State Government keeping in view the magnitude of work, may constitute additional Claim Tribunal and fix its jurisdiction or may appoint additional members in the State Level Claim Tribunal and authorize it for working as independent bench.
- (c) The claim cases arising out of vehicular accidents shall be filed before the State Level Claim Tribunal and will be disposed of in accordance with amended procedures after the date of implementation of the rules instituted in Chapter-X of Bihar Motor Vehicle (Amendment-1) Rules, 2021.

**2. Claim Application: -**

- (a) The claim application shall be filed by the District Transport Officer before Claim Tribunal on behalf of dependent of the deceased and victims, in accordance with evaluation and interim payment of the compensation amount. All relevant documentary evidence shall also be enclosed.
- (b) The dependent of the deceased and victims shall authorize the District Transport Officer for filing application before the Claim Tribunal.
- (c) The District Transport Officer may file this application before the Claim Tribunal through post, E-mail or web portal. The Claim Tribunal shall accept such applications as Claim cases for grant of compensation.
- (d) No fee shall be payable for this.

**3. Procedure for Disposal of Claims: -**

The Claim Tribunal, accepting the application filed at the level of the District Transport Officer as a claim case for grant of compensation, shall fix the payable compensation amount within a maximum period of 60 days after briefly hearing the matter. The local inspection and the trial of other witnesses are not expected at the level of the Claim Tribunal for the claim disposal procedure. The District Transport Officer / authorized Motor Vehicle Inspector / authorized Enforcement Sub Inspector or authorized Learned Advocate shall be able to participate in the hearing procedures of the Claim Tribunal.

The Claim Tribunal shall conduct hearing district wise on daily basis and the concerned officer from the district level can participate in it through VC.

The facility of Court Management System will be made available to the Claims Tribunal and the facilities available in the software such as forms, information and reports etc. can be used by the tribunal.

**The process of claim settlement shall be as follows: -**

**(A) Process for uninsured vehicles: -**

- (i) In the course of compensation cases due to accident from uninsured vehicles, the Claim Tribunal shall first ensure that the vehicle is compulsorily seized by the police and shall not be released unless the concerned vehicle owner does not deposit the compensation amount as fixed by the decision of the Claim Tribunal.
- (ii) In case of non-payment of the fixed compensation amount by the vehicle owner, within 30 days of the order passed by the Claim Tribunal, the Accident Claims Assessment Officer-cum-District Magistrate shall be authorized for confiscation and public auction of the said vehicle.
- (iii) The amount received from public auction of the said vehicle shall be deposited in bank account of the concerned district of the Bihar Vehicle Accident Assistance Fund for the purpose of adjustment of interim compensation amount paid to the victims.
- (ii) If the amount received in public auction will be less than the compensation amount i.e., 5 lakhs (five lakhs) in case of death and fifty thousand in case of grievous injury, as fixed by Claim Tribunal, then the difference amount shall be considered as spent from the Bihar Vehicle Accident Assistance Fund.

**(B) Procedure for insured vehicles: -**

- (i) All insurance companies, in every district, shall nominate one authorized officer, representing their respective companies, who would extend their cooperation to the accident victims in the inquiry conducted by the Accidental Claim Inquiry Officer.
- (ii) The Accidental Claim Inquiry Officer shall send information to the authorized officer of the concerned insurance company regarding the payment of the interim compensation amount to the victims or their dependents. If the said insurance company, as per its duty, immediately after reimbursing deposit the interim compensation amount in the bank account of the concerned district of the Bihar Vehicle Accident Assistance Fund, the Accident Claim Inquiry Officer, at his level, shall send information to the Claim Tribunal. Thereafter, the Claim Tribunal shall dispose of the proceedings of the compensation case of the said accident which shall be settled and maintained in records of the Tribunal. No further proceeding shall be expected in this.
- (iii) The District Transport Officer of the local jurisdiction shall be authorized to file compensation case on behalf of victim of every vehicle accident or his dependent before the Claims Tribunal under section 166 (sub-section 1 (d)) of the Motor Vehicles Act, 1988.  
Accordingly, the District Transport Officer, after payment of interim compensation amount is expected to forward all the relevant documents for consideration of the Claim Tribunal, as prescribed in the rules.
- (iv) The Claim Tribunal shall take cognizance and initiate the prescribed procedure of the claim case filed by the vehicle accident victims or District Transport Officer authorized by their dependents along with the documents enclosed having verified personal details and the 'Accident Inquiry Report' received from the Officer In-Charge of the concerned Police Station.

- (v) The Claim Tribunal, after hearing the claim application received through the District Transport Officer, shall dispose the claim cases, fixing the compensation amount within a maximum period of 60 days. In this course, no local inspection or examination of witnesses etc., shall be required. It shall be expected that the decision is taken after brief hearing of the applicant and the concerned insurance company and on basis of the documents and other evidences.
- (vi) The amount fixed by the Claim Tribunal shall be paid by the concerned insurance company in the bank account of the concerned district of the Bihar Vehicle Accident Assistance Fund. If, in any special circumstance, a judicial decision is passed by the Claim Tribunal at a rate higher than the amount paid for interim compensation, then that entire amount will be deposited in the bank account of the 'Bihar Vehicle Accident Assistance Fund' only and needful action shall be taken for payment of the remaining amount except the amount paid earlier to the accident victims from the said account.

**225F- Hit and Run Cases: -**

- (1) In the cases of hit and run vehicle accidents, the Accident Claim Inquiry Officer-cum-Sub-Divisional Officer will make recommendation after inquiry regarding payment of the compensation to the dependent of the deceased or grievously hurt person, in the light of Motor Vehicle Act. The Accident Claim Assessment Officer-cum-District Magistrate shall immediately approve the payment of the interim compensation amount from the Bihar Vehicle Accident Assistance Fund. (The Claim Assessment Officer-cum-District Magistrate shall be dealt as 'Claim Assessment Commissioner' as per the Solatium scheme, defined under the rules).
- (2) After the approval made by the District Magistrate, the District Transport Officer shall make payment of the interim compensation of Rs 5 lakh (five lakh) to the dependent of the deceased in the event of death and Rs fifty thousand to the grievous hurt person from the 'Bihar Vehicle Accident Assistance Fund' and approval order for this scheme shall be communicated to the authorized Lead Insurer so that there imbursement of the payable amount is made in the Bihar Vehicle Accident Assistance Fund, at the level of the Lead Insurer.
- (3) Out of the amount of interim compensation paid, as per solatium scheme/updated scheme announced by the Government of India, it shall be deposited in the bank account of the concerned Accident Claim Assessment Officer-cum-District Magistrate related with Bihar Vehicle Accident Assistance Fund by the authorized Insurance Company (Lead Insurer) as per the General Insurance Council. The balance amount of interim compensation payment shall be deemed to have been spent from Bihar Vehicle Accident Assistance Fund.
- 4. Subsequent to Rule-226 (5) Sub Rule-6 of Rule- 226 being inserted as follows: -  
**Rule- 226 (6):** -Rule-226(1) to Rule-226 (5) shall not be applicable for new compensation cases arising in consequent to the Bihar Motor Vehicle (Amendment-1) Rule, 2021.
- 5. Subsequent to Rule-227 (3) Sub Rule-4 of Rule-227 being inserted as follows: -  
**Rule-227 (4):** -Rule 227(1) to Rule-227 (3) shall not be applicable for compensation cases arising in consequent to the Bihar Motor Vehicle (Amendment-1) Rule, 2021. These cases can be submitted without payment of any fee.
- 6. Subsequent to Rule-230 (3), Sub Rule-4 of Rule-230 being inserted as follows: -  
**Rule-230 (4):** -Rule-230 (1) to Rule-230 (3) shall not be applicable for compensation cases arising in consequent to the Bihar Motor Vehicle (Amendment-1) Rule, 2021.



7. Renumbering Rule- 231 as Rule-231 (1) and subsequent to this, Sub Rule-2 being inserted as follows: -

**Rule-231 (2):** - For new compensation cases arising in consequent to the Bihar Motor Vehicle (Amendment-1) Rule, 2021, advocates can be authorized in new compensation cases on behalf of claimants by the Transport Department/authorized officer.

8. Renumbering rule-232 as Rule-232(1) and subsequent to this, Sub Rule-2 and Sub Rule-3 being inserted as follows: -

**Rule-232 (2):** - Rule 232 (1) shall not be applicable for compensation cases arising in consequent to the Bihar Motor Vehicle (Amendment-1) Rule, 2021.

**Rule-232 (3):** -Decision shall be taken after inquiry of the authorized report of the Accidental Claim Inquiry officer and other prescribed officers.

9. Renumbering Rule- 233 as Rule-233 (1) and subsequent to this, Sub Rule-2 being inserted as follows: -

**Rule-233 (2):** - Rule 233 (1) shall not be applicable for compensation cases arising in consequent to the Bihar Motor Vehicle (Amendment-1) Rule, 2021.

10. Subsequent to Rule-240 (4), Sub Rule-5 of Rule- 240 being inserted as follows: -

**Rule-240 (5):** - Rule 240 (1) to 240 (4) shall not be applicable for compensation cases arising in consequent to the Bihar Motor Vehicle (Amendment-1) Rule, 2021.

11. Renumbering Rule- 245 as Rule- 245 (1) and subsequent to this Sub Rule-2 being inserted as follows: -

**Rule-245 (2):** - Compensation cases arising out of Bihar Motor Vehicle Accidents, filed in different Claim Tribunal, constituted prior to coming into effect of this Bihar Motor vehicle (Amendment-1) Rule, 2021, shall keep getting disposed of in accordance with the earlier procedures as prescribed in Chapter-X of the Bihar Motor Vehicle (Amendment) Rules, 1992.

12. Subsequent to Rule 246 (13), Sub Rule-14 of Rule-246 being inserted as follows: -

**Rule-246 (14):** - Rule 246 (1) to 246 (13) shall be irrelevant for new compensation cases arising in consequent to the Bihar Motor Vehicle (Amendment-1) Rule, 2021.

(In the light of the omission of section-140 of Motor Vehicle Act, 1988)

13. Renumbering Rule-247 as 247(1) and subsequent to this Sub Rule-2 and 3 being inserted as follows: -

**Rule-247 (2):** - Rule 247 (1) shall not be applicable for compensation cases arising in consequent to the Bihar Motor Vehicle (Amendment-1) Rule, 2021.

**Rule-247 (3):** -The decisions taken at the level of the Accident Claim Inquiry Officer or the Claim Tribunal with regard to the decisions for the determination of compensation claims will not have any effect in the criminal case registered due to the said accident.

14. The following forms are inserted/ substituted for filing a fresh claim case under this rule

- (i) For interim compensation as a result of accident with insured vehicle and uninsured vehicle, form-A prescribed under Rule 226(1) is substituted by form C-1 in case of deceased and Form C-2 in case of injured.
- (ii) For interim compensation in hit and run cases, application Form C-3 (i) to (v) are inserted.
- (iii) The prescribed form accident report form under Rule 215(4) with regard to inquiry report of the Motor Vehicle Inspector related to the accident is substituted by form C-4, Part-I.
- (iv) Inquiry report of the concerned Officer In-charge relating to the accident (form-54 of the Central Motor Vehicles Rules, 1989 in all cases) C-4, Part-II is inserted.

15. Necessary guidelines may be issued from time to time by the Transport Department for its implementation and needful action for amendment or enhancement may be done by the Transport Department, as per the requirement.

By the order of Governor of Bihar,

**Sanjay Kumar Agarwal,**  
Secretary,

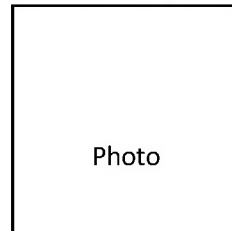


**Application form: C-1 (In case of deceased in motor vehicle accident)**

Application submitted to the Sub-Divisional Officer for approval of interim compensation (Except for hit and run cases)

(In case of more than one deceased from the same family, separate application shall be filed)

To,  
The Sub-Divisional Officer  
.....



(Applicant Photo)

Part to be filed by the applicant:

**1. (A) Details of the deceased:-**

- (i) Name of person killed in vehicle accident..... Name of  
Father/husband..... Gender.....  
Age..... Village/Mohalla..... Thana.....  
..... Block/Municipal Body..... Panchayat/Town ward no..... District  
..... Pin code.....
- (ii) Identification: Aadhar Number..... Other  
Identity Card.....

**(B) Details of the Claimant/Applicant:-**

- (i) Claimant/Applicant Number.....  
**(Give details of all in case there is more than one claimant)**
- (ii) Name of Claimant/Applicant.....  
Name of Father/husband.....  
Gender..... Age..... Village/Mohalla.....  
Thana..... Block/Nagar Nikai.....  
Panchayat/Town ward no..... District.....  
Pin code..... Mobile number.....  
E-Mail..... Relation of the claimant to the  
deceased.....
- (iii) Whether the claimant is a dependent/legal heir of the deceased?.....

**2. Details of Postmortem: -**

**(Attach photocopy)**

- (a) Name of the issuing officer.....  
(b) Designation.....  
(c) District.....  
(d) Issue number of the report...../Dated.....

**3. Details of Accident:-**

- (i) Date of vehicle accident..... Time.....
- (ii) Details of the place of accident:  
Village/Mohalla..... Thana..... Block/Municipal  
Body.....  
Panchayat/ Town ward no..... details of accident place (with  
landmark)..... District.....  
Pin Code.....
- (iii) Name of the hospital/doctor where he was admitted for  
treatment.....

.....  
 .....  
 Address.....  
 .....

**4. Details of the vehicle involved in the accident: -**

**(A) Details of the vehicle which caused the accident:-**

- (i) Registration Number of vehicle.....
- (ii) Name of the vehicleowner.....
- (iii) Name of Driver.....
- (iv) Name of Insurance Company (for insured vehicle) .....

**(B) Details of vehicle of the deceased: -** (If the deceased person is in his own vehicle, at the time of accident he himself was driving / was on a vehicle / was walking / driving a non-motorized vehicle)

- (i) Registration Number of the vehicle.....
- (ii) Name of the vehicle owner.....
- (iii) Name of the driver.....
- (iv) Name of Insurance Company (for insured vehicle).....

**5. Bank account details in which interim compensation amount is to be received: -**

- (i) Name of the claimant/applicant's bank account .....
- (ii) Name of bank.....
- (iii) Branch.....
- (iv) Account number.....
- (v) IFSC code.....

(Encloseself-attested photocopy of first page of bank passbook or photocopy of cancelled cheque)

**Declaration Form**

(1) I/we.....Name of  
Father/husband.....Post.....  
.....Thana.....District.....hereby through Police  
Station .....District.....under the Police Station Case  
No...../..... District Transport Officer in form of dependant of the  
deceased..... (Advocate/Officer authorized by the District Transport Officer  
.....) hereby authorize to file the case and represent it completely before the  
Claim Tribunal.

(2) I/we declare that all the aforesaid information given by me is correct.

(3) The amount of compensation as determined by the Claim Tribunal shall be deposited in the  
concerned bank account under the Bihar Vehicle Accident Fund and if it is more than  
the amount paid to me earlier, then the difference amount shall be paid to me through the  
aforesaid bank account will be done.

I hereby enclose the photocopies of the following documents: -

1. Photocopy of Aadhar Card/Personal Identity Card (of both the deceased and the applicant/claimant).
2. Photocopy of the resident proof (Voter Card/Driving License/Passport/Electricity Bill) (of both the deceased and the applicant/claimant).
3. Photocopy of the family membership certificate/dependent certificate (not required in the case of husband/wife)
4. Photocopy of bank passbook (of the applicant/claimant).
5. Photocopy of the cancelled check (of the applicant/claimant).
6. Photocopy of post mortem report.
7. Photocopy of the FIR lodged (if available).
8. Any other information if available.

Signature of the applicant/claimant Name:

Name of Father/Husband:

(Identity card number)

Mobile Number:

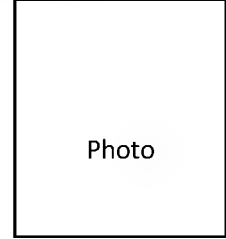
E-mail id:

**(In case of more than one claimant, signature and details of everyone is required).**

**Application Form: C-2** (In case of grievously injured in motor vehicle accident)  
Application to the Sub-Divisional Officer for approval of interim compensation (Except hit and run cases)

(In case of more than one injured separate applications shall be filed by each injured)

To,  
 The Sub-Divisional Officer  
 .....



(Applicant Photo)

Part to be filled by the applicant:

**1. (A) Details of the injured person (if adult): -**

- (i) Name of the person injured in vehicle accident..... Name of Father/husband.....  
 Gender.....Age.....Village/Mohalla.....Thana.....  
 .....Block/Municipal Body.....  
 Panchayat/Town ward no.....District..... Pin code..... Mobile number..... E-mail id.....
- (ii) Identification: Aadhar Number.....Other Identity Card.....

(Enclose certificate of grievous injury)

**(B) Details of the applicant in case the injured is a minor:-**

(In case the injured is a minor, his guardian will be the applicant)

- (i) Name of the applicant.....  
 Name of Father/husband.....Gender.....  
 Age.....Village/Mohalla.....Thana.....  
 .....Block/Municipal Body.....  
 Panchayat/Town ward no.....District.....  
 Pin code.....Mobile number.....  
 E-Mail.....  
 Relation of the applicant with the injured person.....
- (ii) Is the applicant the guardian of the injured?.....

**2. Details of treatment: -**

(Attach photocopy)

- (a) Percentage of injury.....  
 (b) Name of the issuing Officer/Doctor/Hospital.....  
 (c) Designation of Officer/Doctor.....  
 (d) District.....  
 (e) Issue number of the report.....(if any)/Dated.....

**3. Details of the Accident: -**

- (i) Date of the vehicle accident.....Time.....
- (ii) Details of the place of accident: Village/Mohalla.....Thana.....  
 Block/Municipal Body.....Panchayat/ Town ward no.....details of place of accident(with landmark).....District.....PinCode.....

- (iii) Name of the Hospital/Doctor where admitted for treatment.....  
Address.....  
.....

**4. Details of the vehicle involved in the accident:**

**(A) Details of the vehicle causing the accident: -**

- (i) Registration Number of the vehicle causing the accident.....  
(ii) Name of the vehicle owner.....  
(iii) Name of Driver.....  
(iv) Name of Insurance Company (for insured vehicle).....

**(B) Details of vehicle of the injured person: -** (If the injured person is in his own vehicle, whether the person was driving at the time of accident/ was on the vehicle / was walking / driving a non-motorized vehicle)

- (i) Registration Number of vehicle which caused the accident.....  
(ii) Name of the vehicle owner.....  
(iii) Name of Driver.....  
(iv) Name of Insurance Company (for insured vehicle).....

**5. Details of the bank account of the injured in which the interim compensation amount is to be received : -**

- (i) Name of claimant/applicant.....  
(ii) Name of the bank.....  
(iii) Branch.....  
(iv) Account Number.....  
(v) IFSC code.....  
(Enclose self-attested photocopy of first page of bank passbook or of cancelled cheque)

**Declaration Form**

(1) I/we.....Name of  
 Father/husband.....  
 Post.....Thana.....District..... hereby through  
 Police Station .....District..... under the Police Station Case  
 No...../..... District Transport Officer in form of authorized guardian  
 ..... (Advocate/Officer authorized by the District Transport Officer  
 ..... ) hereby authorize to file the case and represent it completely before the Claim  
 Tribunal.

(2) I/we declare that all the aforesaid information given by me is correct.

(3) The amount of compensation as determined by the Claim Tribunal shall be deposited in the concerned bank account under the Bihar Vehicle Accident Fund and if it is more than the amount paid to me earlier, then the difference amount shall be paid to me through the aforesaid bank account will be done.

I hereby enclose the photocopies of the following documents: -

- (1) Photocopy of Aadhar Card/Personal Identity Card (of both the deceased and the applicant/claimant).
- (2) Photocopy of the resident proof (Voter Card/Driving License/Passport/Electricity Bill) (of both the deceased and the applicant/claimant).
- (3) Photocopy of the family membership certificate/dependent certificate (not required in the case of husband/wife).
- (4) Photocopy of bank passbook (of the applicant/claimant).
- (5) Photocopy of the cancelled check (of the applicant/claimant).
- (6) Photocopy of post mortem report.
- (7) Photocopy of the FIR lodged (if available).
- (8) Any other information if available.

Signature of the applicant/claimant

Name:

Name of Father/Husband:

(Identity card number)

Mobile Number:

E-mail ID:

**Application Form: C-3 (i)**

**Application form submitted to the Sub-Divisional Officer for approval of the interim compensation (in case of hit and run)**

I.....Son/Daughter/Widow of Shri.....  
Age.....is resident of Village/Mohalla..... Thana.....  
Block/Municipal Body..... Panchayat /Urban Ward  
No..... District.....Pin Code.....

and am applying for being grievously hurt in motor vehicle accident. The necessary details with regard to the injury sustained by me in the accident are given below:-

I.....Son/Daughter/Widow of Shri.....  
Age.....Thana.....Block/Municipal Body.....  
Panchayat/Urban Ward No..... District..... Pin Code.....

grievously injured/death in a motor vehicle accident, Mr./Mrs.....  
consequently, is applying for compensation as an authorized guardian/dependent of minor injured who on the date.....at place (including landmark)-.....had been injured/died in the motor accident and other information related to the accident is given below.

1. (i) Name of the injured/dead person.....  
(ii) Name of the injured/father of deceased/husband of deceased (husband's name in case of married woman/widow) .....

2. Address of the injured/deceased: Village/Mohalla.....  
Thana.....Block/Municipal Body..... Panchayat/Urban Ward  
No.....District.....Pin Code.....

3. Age..... Date of Birth.....

4. Gender of the injured/deceased.....

5. (i) Place of Accident.....

(ii) Date of Accident.....

(iv) Time of Accident.....

6. Occupation of the injured/dead person:

7. Nature of injuries:

8. Name and address of the police station in whose jurisdiction the accident occurred or was registered:

Name of the Police Station.....  
Address.....District.....Pin Code.....

9. (i) Name of the Medical Officer/Practitioner rendering medical service to the injured/deceased.....

(ii) Address of the Medical Officer/Practitioner rendering medical service to the injured/deceased: Village/Mohalla.....Thana.....Block/Municipal Body.....Panchayat/Urban Ward No.....District.....Pin Code .....Mobile Number.....

10. Name of the authorized guardian of the minor injured.....Address: Village/Mohalla.....Thana.....Block/Municipal Body.....Panchayat/Urban Ward No.....District.....Pin Code.....Mobile Number.....

11. Relation with the injured/deceased:

12. Any other information which is necessary or helpful in disposal of the claim:

I solemnly undertake and affirm that the aforesaid facts are true to the best of my knowledge and belief:

Signature of injured/ authorized guardian of the injured person

Mobile Number

E-mail ID:



**Form: C-3 (ii)****(In case of Hit and Run)**

Annexure:

Approval Order Number:

Dated:

**Acknowledgment Receipt**

The death/injury of Shri/Smt.....dated  
.....at..... (Name of place)in motor  
vehicleaccident, in view of the provisions under Hit and Run of the Motor Vehicle Act and after  
full and final settlement of the claim as dependent/injured, receive .....rupees as  
compensation from the..... insurance company Ltd. with thanks.

Signatures of Witnesses:

Signature of dependent/injured on the revenue stamp

- 1.
- 2.

**Form: C-3 (iii)**  
**(In case of Hit and Run)**

**Claim Inquiry Report submitted by the Claim Inquiry Officer to the Accident Claim Assessment Officer (in case of Hit and Run).**

1. Name of the deceased/injured person.....Address:  
Village/Mohalla.....Thana.....Block/Municipal  
Body.....Panchayat/Urban Ward No.....  
District.....Pin Code.....
2. (i) Place of accident.....  
(ii) Date of accident.....  
(iii) Time of accident.....
3. Name and address of the Police Station in whose jurisdiction the accident occurred or was registered: Name of the Police Station.....Address.....  
.....District.....Pin Code.....
4. (i) Name of the Medical Officer/practitioner rendering medical service to the injured/deceased:  
(ii) Address of the Medical Officer/Practitioner rendering medical services to the injured/deceased: Village/Mohalla.....Thana.....  
Block/Municipal Body.....Panchayat/Urban Ward  
No.....District.....Pin Code.....Mobile number.....
5. Details of Persons called and examined: Name.....  
Address:.....  
Village/Mohalla.....Thana.....  
Block/Municipal Body.....Panchayat/Urban Ward No.....  
District.....Pin Code.....Mobile Number.....
6. Whether the fact of death/injury in hit and run motor accident has been established and the reason for arriving at the conclusion.....
7. Name of the dependent of the deceased/injured for payment of the compensation.....Address: Village/Mohalla.....  
Thana.....Block/Municipal Body.....Panchayat/Urban Ward  
No.....District.....PinCode.....  
Mobile Number.....
8. Recommended amount for payment to dependent / injured (in case of more than one claimant, the amount fixed for each eligible claimant and the reasons for payment of the said amount to them) .....
9. Any other information or record relevant or useful for the disposal of the claim.....

**Signature and Designation of Claim Inquiry Officer**

**Stamp:**

**Dated:**

**Form: C-3 (iv)**  
**(In case of Hit and Run)**

**ORDER**

On dated.....Thana Case

No...../.....Thana.....District..... (Name of the place with landmark) .....injured in a hit-and-run motor accident (Name).....Father/Husband.....

.....Village/Municipal Body.....

Mohalla.....Thana.....District.....PinCode

Deceased(Name).....Father/Husband.....Village/Municipal Body.....Mohalla.....Thana.....District.....Pin Code.....

whose dependent (Name).....address.....relation to the deceased.....is hereby authorized for payment of Rs.....as the compensation amount.

**Accident Claim Assessment Officer**

Copy to: -

1. Office of Insurance Company
2. Claimant
3. Motor Accident Claims Tribunal
4. Claims Inquiry Officer

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**Form: C-3 (v)**

**(In case of hit and run)**

**ORDER**

I/we.....as a dependent of the injured/deceased, hereby undertake that in view of the Claim Assessment Officer-cum-District Magistrate.....approval order no. ....dated.....

the amount of compensation paid shall be refunded in the bank account..... of the District Transport Officer.....if I/we.....(name) get any other compensation award in lieu of claim/satisfaction for compensation for death or grievous injury, under any other provision of the Motor Vehicles Act, 1988 (as amended) or under any other law applicable at that point of time.

**Signature of the dependent of the injured/deceased**

## Form: C-4

**Accident Inquiry Report related to Motor Vehicle Inspector (Except in case of Hit and Run)  
(ACCIDENTAL INQUIRY REPORT)Part-I**

To,

District Transport Officer.....

Officer In-Charge.....District.....

Subject: -Sending of accident inquiry report concerning Police Station.....

District.....under Police Case No. .... /.....

Sir,

The inquiry report on the above subject is as follows:-

1. Name of Police Station.....District.....
2. FIR number regarding accident and date.....
3. Details of vehicle:
  - (a) Registration number.....
  - (b) Engine number (motor number for e-vehicles) .....
  - (c) Chassis number.....
  - (d) Name of vehicle owner .....
  - Father/husband name.....
  - (e) Address of vehicle owner: Village/Mohalla .....Thana.....
  - Block/Municipal Body.....Panchayat/Urban ..... Ward
  - No.....District..... Pin Code..... Mobile number.....
  4. (a) At the time of accident, the name of the driver of the vehicle.....
  - Father's / Husband's name.....
  - Address:.....Village/Mohalla.....Police
  - Station..... Block/Municipal Body.....Panchayat/Urban ..... Ward
  - No.....District ..... Pin Code.... ..... Mobile No.....
  - (b) Driver's license number and period of its validity ..... /.....
  - (c) Details and address of the licensing authority who had made approval of the driving license .....
  5. Name and address of the insurance company with which the vehicle owner had insured the vehicle: -
  - (i) Name of insurance company.....
  - (ii) Address of insurance company.....
  - (Details of the Divisional Office of the Insurance Company enclosed)
  6. Insurance policy details/insurance number and insurance validity date.....
  - (Relevant details of insurance are expected only in case of third party. Photocopy of insurance policy/certificate to be attached)
  7. Route permit details, if permit is obtained: (copy enclosed) .....
  8. Details of the place of accident with landmark if available:

Signature of the Motor Vehicle Inspector and date  
Full Name:

**Form: C-4**  
**Accident inquiry report to be given by the SHO**  
**(ACCIDENTAL INQUIRY REPORT)Part- II**

**To,**

District Transport Officer.....

Subject:-Sending of report concerning Police  
Station.....District.....under Police Station Case Number  
...../.....

**Sir,**

The inquiry report on the above subject is as follows:-

1. Name of Police Station.....
2. FIR Number.....
3. Accident-related details:
  - (a) Date of accident:
  - (b) Time of accident:
  - (c) Place of accident:
4. (i) **Details of the deceased:**
  - (a) Name.....Male/Female.....Age....Father/  
husband name.....
  - (b) Address: Village/Municipal Body.....Mohalla.....Landmark  
.....Panchayat/Urban Ward No.....  
Thana.....District.....Pin Code.....  
Mobile number.....
- (ii) **Details of the injured:**
  - (a) Name.....Male/Female.....Age....Father/  
husband name.....
  - (b) Address: Village / Municipal Body.....Mohalla.....Landmark  
.....Panchayat/Urban Ward No.....  
Thana.....District.....Pin Code.....  
Mobile number.....
5. Details of the Hospital/Doctor from where the deceased/injured was removed:
  - (a) Name of Doctor/Hospital:
  - (b) Date of Report:

(Enclose photocopy of Post mortem report/Medico Legal Certificate)

**6. Details of accidented vehicles:**

- (a) Number of vehicles involved in accident..... (Enclose the report of different vehicles in the format mentioned in column number 6 to 10 in case of accidents involving more than one motor vehicle)
- (b) Registration Number of Vehicle:
- (c) Type of Vehicle:
- (i) Private/commercial vehicle
- (ii) Car/Three-Wheeler/Bus/Truck/Tractor/other  
(Enclose photocopy)

**7. Details of Driver License:**

- (a) Name of Driver.....Father/husband.....  
Village/Mohalla.....Thana.....Block/Municipal  
Body.....Panchayat/Urban Ward No.....District.....  
Pin Code.....Mobile No.....
- (b) Driving license number and period of validity:
- (c) Details and address of the licensing authority issuing the driving license.....
8. Name of vehicle owner at the time of accident..... Father/husband name.....Address:Village/Mohalla.....  
.....Thana.....Block/MunicipalBody.....  
Panchayat/Urban Ward No.....District ..... Pin Code.....Mobile No.....

अधीक्षक, सचिवालय मुद्रणालय,  
बिहार, पटना द्वारा प्रकाशित एवं मुद्रित।  
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